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U.S. DISTRICT COURT
MID. DIST. TENN.

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
Nashville DIVISION

"Anthony-Eric Emerson")
(Name))
087906)
(Prison Id. No.))
(Name))
(Prison Id. No.))
Plaintiff(s))
v.)
C/O General Caswell)
CORIZON 103 W. Park)
Dr. So. 200 Brentwood)
TEN 37027)
(Name))
Dr. Lucy Burciaga Tucson 85734)
(Name))
Defendant(s))

(List the names of all the plaintiffs filing this lawsuit. Do not use "et al." Attach additional sheets if necessary.)

Civil Action No. _____
(To be assigned by the Clerk's Office. Do not write in this space.)

JURY TRIAL REQUESTED ☒ YES ☐ NO

(List the names of all defendants against whom you are filing this lawsuit. Do you use "et al." Attach additional sheets if necessary.)

INJUNCTION REQUEST
EMERGENCY INJUNCTION

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS FILED
PURSUANT TO 42 U.S.C. § 1983

I. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: "Anthony-Eric Emerson"
Prison I.D. No. of the first plaintiff: 087906
Address of the first plaintiff: P.O. Box 24401, Tucson AZ.
85734

Status of Plaintiff: CONVICTED (☒) PRETRIAL DETAINEE (☐)

2. Name of the second plaintiff: _____
Prison I.D. No. of the second plaintiff: _____
Address of the second plaintiff: _____

Status of Plaintiff: CONVICTED (☐) PRETRIAL DETAINEE (☐)

Revised 11/2014

1A

HORIZON'S POLICY MAKERS
WHO GIVE DIRECTIVES
FROM THIS VENUE AND
THOSE WHO IMPLEMENT

- | | | | |
|-----|----------------------|---|---|
| 2) | B. Anderson | 1 | 103 W. Park Dr. Su. 200, Brentwood TN 37027 |
| 3) | TRACY MOLAND | | 103 W. Park Dr. Su. 200, Brentwood TN 37027 |
| 4) | JONATHAN WALKER | | 103 W. Park Dr. Su. 200, Brentwood TN 37027 |
| 5) | DR. WOODROW MYERS | | 103 W. Park Dr. Su. 200, Brentwood TN 37027 |
| 6) | KAREY WITTY | | 103 W. Park Dr. Su. 200, Brentwood TN 37027 |
| 7) | DR. HAROLD ORR | | 103 W. Park Dr. Su. 200, Brentwood TN 37027 |
| 8) | SCOTT BOWERS | | 103 W. Park Dr. Su. 200, Brentwood TN 37027 |
| 9) | TAMARA PORTER R.N. | | P.O. Box 24400, TUCSON-AZ. 85734 |
| 10) | LISA LYON R.N. | | P.O. Box 24400, TUCSON-AZ. 85734 |
| 11) | ANGELA MARTINEZ R.N. | | P.O. Box 24400, TUCSON-AZ. 85734 |
| 12) | NURSE MUNG | | P.O. Box 24400, TUCSON-AZ. 85734 |
| 13) | DR. CALVIN JOHNSON | | 103 W. Park Dr. Su. 200, Brentwood TN 37027 |
| 14) | R.N. THAYER | | P.O. Box 24400, TUCSON-AZ. 85734 |

PEOPLE WHO ENFORCE IN ARIZONA

- | | | | |
|-----|------------------|--|--------------------------------|
| 15) | GLEN PACHECO | | PO Box 24400, TUCSON-AZ. 85734 |
| 16) | MARLENE BEDOYA | | PO Box 24400, TUCSON-AZ. 85734 |
| 17) | JAMES MACKENZIE | | PO Box 24400, TUCSON-AZ. 85734 |
| 18) | K. VASQUEZ #NK28 | | PO Box 24400, TUCSON-AZ. 85734 |
| 19) | DEBRA HAN | | PO Box 24400, TUCSON-AZ. 85734 |
| 20) | PANANNA DAYS | | PO Box 24400, TUCSON-AZ. 85734 |

1B

PEOPLE WHO ENFORCE IN ARIZONA cont.

- 21) ALFRED RAMOS P.O. Box 24400, TUCSON-AZ 85734
- 22) CHERYL DOSSETT 1601 W. JEFFERSON, PHOENIX-AZ. 85007
- 23) COIL INZUNZA P.O. Box 24400, TUCSON-AZ. 85734
- 24) VANESSA HEADSTREAM 1601 W. JEFFERSON, PHOENIX-AZ. 85007
- 25) JULIET RESPICIO-MORIARITY MORIARITY 1601 W. JEFFERSON, PHOENIX-AZ. 85007
- 26) CHARLES L. RYAN 1601 W. JEFFERSON, PHOENIX-AZ. 85007
- 27) DOES 1 to 100 Agents and Employees

(Include the name of the institution and mailing address with zip code for each plaintiff. If any plaintiff changes his or her address, he or she must notify the Court immediately. If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.)

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: CORIZON INC.
 Place of employment of the first defendant: CORIZON INC C/O General Counsel 103 W. Park Dr. SU 200, Brentwood TN 37027
 First defendant's address: 103 W. Park Dr. SU. 200, Brentwood TN 37027

Named in official capacity? ☒ Yes ☐ No
 Named in individual capacity? ☒ Yes ☐ No

2. Name of the second defendant: Dr. Lucy Borelaga
 Place of employment of the second defendant: CORIZON INC
P.O. Box 2440
 Second defendant's address: Box 24400, Tucson AZ 85734

Named in official capacity? ☒ Yes ☐ No
 Named in individual capacity? ☒ Yes ☐ No

(If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, his or her place of employment, address, and the capacity in which you are suing that defendant. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide each defendant's proper name, place of employment, and address, the Clerk will be unable to serve that defendant should process issue.)

II. JURISDICTION

- A. Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (applies to state prisoners).
 Jurisdiction is also invoked pursuant to 28 U.S.C. § 1343(a)(3).

If you wish to assert jurisdiction under different or additional statutes, you may list them below:

Pendent Jurisdiction, 28 USC 2201
RULE 65

2A

- 2) B. Anderson 103 W. Park Dr. Su. 200, Brentwood TN 37027
- 3) Tracy Noland 103 W. Park Dr. Su. 200, Brentwood TN 37027
- 4) Jonathan Walker 103 W. Park Dr. Su. 200, Brentwood TN 37027
- 5) Dr. Woodrow Myers 103 W. Park Dr. Su. 200, Brentwood TN 37027
- 6) Karey Witty 103 W. Park Dr. Su. 200, Brentwood TN 37027
- 7) Dr. Harold Orr 103 W. Park Dr. Su. 200, Brentwood TN 37027
- 8) Scott Bowers 103 W. Park Dr. Su. 200, Brentwood TN 37027
- 9) Tamara Porter R.N. P.O. Box 24400, Tucson Az. 85734
- 10) Lisa Lyon R.N. P.O. Box 24400, Tucson Az. 85734
- 11) Angela Martinez P.O. Box 24400, Tucson Az. 85734
- 12) Nurse Mung P.O. Box 24400, Tucson Az. 85734
- 13) Dr. Calvin Johnson 103 W. Park Dr. Su. 200, Brentwood TN. 37027
- 14) R.N. Thayer P.O. Box 24400, Tucson Az. 85734
- 15) Glen Pacheco P.O. Box 24400, Tucson Az. 85734
- 16) Marlene Bedoya P.O. Box 24400, Tucson Az. 85734
- 17) James MacKenzie P.O. Box 24400, Tucson Az. 85734
- 18) K Vasquez # VK28 P.O. Box 24400, Tucson Az. 85734
- 19) Debra Han P.O. Box 24400, Tucson Az. 85734
- 20) Pananna Days P.O. Box 24400, Tucson Az. 85734
- 21) Alfred Ramos P.O. Box 24400, Tucson Az. 85734
- 22) Cheryl Dosssett 1601 W. JEFFERSON, PHOENIX -AZ 85007
- 23) Co II INZUNZA P.O. Box 24400, Tucson -AZ 85734
- 24) Vanessa Headstream 1601 W. JEFFERSON, PHOENIX -AZ 85007
- 25) Juliet Respicio-Moriarity 1601 W. JEFFERSON, PHOENIX -AZ 85007
- 26) Charles L. Ryan 1601 W. JEFFERSON, PHOENIX -AZ 85007
- 27) Does 1 to 100 Agents and Employees

III. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuit(s) in the United States District Court for the Middle District of Tennessee, or in any other federal or state court? ☒ Yes ☐ No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs "Anthony-Eric Emerson"

Defendants ARIZONA AND OTHERS

2. In what court did you file the previous lawsuit? USDC AZ

(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? UNK

4. What was the Judge's name to whom the case was assigned? UNK

5. What type of case was it (for example, habeas corpus or civil rights action)? 1983

6. When did you file the previous lawsuit? (Provide the year, if you do not know the exact date.) 2014

7. What was the result of the previous lawsuit? For example, was the case dismissed or appealed, or is it still pending? DISMISSED

8. When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.) UNK

9. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit? ☐ Yes ☒ No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

IV. EXHAUSTION

A. Are the facts of your lawsuit related to your present confinement?

☒ Yes ☐ No

B. If you checked the box marked "No" in question III.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain. _____

C. Do the facts of your lawsuit relate to your confinement in a Tennessee state prison?

☐ Yes ☒ No

(If you checked the box marked "No," proceed to question IV.G. If you checked the box marked "Yes," proceed to question IV.D.)

D. Have you presented these facts to the prison authorities through the state grievance procedure? ☒ Yes ☐ No

E. If you checked the box marked "Yes" in question III.D above:

1. What steps did you take? Grievance Appeal To Director

2. What was the response of prison authorities? Relief Denied

F. If you checked the box marked "No" in question IV.D above, explain why not. _____

G. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)? ☐ Yes ☒ No

H. If "Yes" to the question above, have you presented these facts to the authorities who operate the detention facility? ☐ Yes ☐ No

I. If you checked the box marked "Yes" in question III.H above:

1. What steps did you take? _____

2. What was the response of the authorities who run the detention facility? _____

J. If you checked the box marked "No" in question IV.H above, explain why not. _____

V. CAUSE OF ACTION

Briefly explain which of your constitutional rights were violated:

8th and 14th Amend.

VI. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ inch x 11 inch paper. Write on one side only, and leave a 1-inch margin on all 4 sides.

(see Attached)

Att 1

DELIBERATE INDIFFERENCE
POLICY DIRECTIVE FROM
BRENTWOOD TENNESSEE

- 1) Formal Policy of CORIZON has been established and ratified in Brentwood Tennessee by Nolan, Platt, Walker, Myers, Witty, Orr, Bowers, Does as Formal Policy Makers. Charles L. Ryan has promulgated and Ratified ADOC Policies.
- 2) These Policies as implemented provide for those acting on behalf of CORIZON and ADOC to ensure they act with deliberate indifference to serious medical needs, denial of medical care, delay in medical treatment
- 3) Both CORIZON and ADOC Disregard Orders by specialists, if they favor inmates shop for providers changing them at critical stages disrupting the continuity of care issuing orders adverse to inmates, saving money for CORIZON.
- 4) According to CORIZON staff and ADOC employees this policy of Deliberate Indifference is conveyed to them by E-mail and Phone calls.

ARIZONA CORIZON STAFF

- 5) Porter, Lyon, Martinez, Mung, Burciaga and Doe's are aware that they have the Duty not to delay, deny, defer, medical care for serious medical needs, have done exactly just that upon the directives of those in above.

My CLAIMS

- 6) I have been diagnosed with Chronic Back Pain, Herniated disc's, Degenerative Disc Disease, Retrolisthesis, S1 Nerve compression, Siatic Nerve damage,
- 7) I have so much pain in my left leg and buttox that I cannot walk straight, sit long, sleep, move without unbearable pain. The pain goes from right to left, up and down, have atrophy shrunk leg, drop foot, numbness, causing the arthritis in my knees to be worse, back tremors and ceasures.
- 8) A MRI was done in Feburary 2014 and though I am getting worse, No further progressive treatment has been done due to CORIZON'S Policy to Deny Medical Care, Delay treatment and act with deliberate indifference.
- 9) The Pain Meds given to me are so ineffective that I am to get up or move at times, Caused me to fall from sharp pains and back ceasures. My Repeated complaints have been disregarded due to the policies in Paragraph 1 to 4.
- 10) As Retaliation for my requesting that I receive treatment that shall control my pain and be given effective medication until more permanent treatment can be received, Nurse Mung, RN Thayer officer Vasquez disciplined me. The D.W. Glen Pacheco had me placed in detention for requesting proper housing in accordance with my medical orders. This is a common practice defendants follow to stop inmates requesting they be

act with deliberate indifference to serious medical needs,

- 11) When I complained that the treatment was ineffective I was moved and INZUNZA seized my property. Though Chief of Security Captain Ritchie allowed me to mail these items to my family Co III Stacey Colston advised me that the items were destroyed.
- 12) Ryan in his capacity as the Policy Maker of ADOC and an agent of CORIZON encourages retaliation and coverup.
- 13) Pacheco, Bedoya, Mackenzie, Han, Days, RAMOS, Dossett, Headstream, Respicio-Merianity, and each of them covered up the conduct in Paragraph 1 through 12.
- 14) Defendants and each of them have acted with Deliberate indifference to my serious medical needs,

INJURY

- 15) I have unbearable pain cannot walk, sit long, stand straight, sleep, move without unbearable pain, have been punished for complaining about my condition.
- 16) Defendants failed to exercise the necessary skills, learning, experience expected of prudent health care providers in same or similar circumstances in the local community;

as those who based on their specialized board certification, learning and experience diagnosed and gave me the meds that managed my condition;

18) As a direct and proximate cause of defendants actions in paragraphs 1 thru 17 breach of contract and negligence, I have been injured and continue to suffer unwanted pain and suffering;

19) Johnson, Platt, Nolan, Walker, My , Witty, Bowers, and CORIZON recieve payment from the Affordable Care Act and tax as well as other Federal Benefits, Fidelity, to provide health care that comparts to constitutional standards,

20) To obtain these benefits they have represented through application Returns and Corporate documents that they are providing care that comparts to constitutional standards without retaliation,

21) CORIZON was paid to provide me health care for my serious medical needs in this complaint, which I did not receive;

22) Corizon and defendants in 1 to 17 made the representations in paragraph 1-21 which they knew were false and had no reasonable basis for believing they were true, they did so with the intent to induce the execution of the contracts to provide health care, which contracts became the vehicle to defraud,

23) Defendants retained the monies they received on the contracts without offering the mandatory,

- 24) In every contract or agreement there is an implied premise of good faith and fair dealing. This means defendants are to provide the agreed upon service;
- 25) Defendants had a meeting of the minds when they put in place the CORIZON policies, practices, customs and traditions referred to in this complaint. This scheme provides for denying / delaying medical care to inmates so as to save money for CORIZON;
- 26) As a shield, CORIZON uses other physicians, who are not familiar with inmates medical needs or records, who are not board certified specialists, to deny medical care for serious medical records, thereby receiving bonuses. When sued these physicians give cover to CORIZON;
- 27) Each and every defendant's individual acts in this complaint and conspiracies were intended to, and did constitute violations of the 8th Amendment;
- 28) Each and Every defendant acted with deliberate indifference to serious medical needs inflicting upon me unwanted pain and suffering as I describe;

INJURY

- 29) I have unbearable pain cannot walk, sit long, stand straight, sleep, move without unbearable pain, have been punished for complaining about my condition,
- 30) The Conduct in this Complaint is Deliberate Inhuman or Degrading Treatment, in that it intentionally causes suffering,

causing actual bodily harm as well as intense physical suffering.
This is TORTURE DELIBERATE OR DEGRADING TREATMENT

31) I have unbearable pain cannot walk at times, sit long, stand straight, sleep, move without unbearable pain, have been punished for complaining about my condition;

32) The Conduct in this Complaint violates; VIOLATION OF ARTICLES 2.3 (a) (b); (7); 10.1; ICCPR

33) The Administrative Remedies are not effective within the meaning of Article 2.3 (a) ICCPR; ARS 31-201.01 Provides no state Remedies for these violations;

34) The Conduct violate Article 7 ICCPR as it is torture, cruel, inhuman, degrading treatment and punishment;

35) It constitutes treatment in violation of the humanity and ~~with RESPECT~~ WITH RESPECT for the inherent dignity of the human PERSON, provisions of Article 10-1 ICCPR

INJURY

36) I have unbearable pain cannot walk at times, sit long, stand straight, sleep, move without unbearable pain, have been punished for complaining about my condition;

DECLARATORY RELIEF

37) The following evidence in the custody of CORIZON and these in paragraph 1 to 29 show that those in paragraph 2 have established the administrative practice of denying, delaying, deferring treat-

make profit, and this is why I was denied treatment, Karr v Bay, 413 F-Supp 579, 585 (W-D Ohio 1976)

38) Pursuant to 28 USC 2201 I request declaratory judgment that the practice in paragraphs 1 to 29 is shown in the decision in exhibits (a) CORIZON'S unwritten practices; (b) CORIZON'S Policies, (c) Settlements entered into by CORIZON (d) Bids submitted by CORIZON including memos, E-mails leading to these bids (e) Contracts not renewed and cancelled against CORIZON (f) audits of CORIZON (g) minutes of meetings of the board of directors and executive committee of CORIZON (h) Filings by CORIZON with Federal agencies (i) Responses by CORIZON to request for discovery in litigation in Federal and State Courts (j) exit interviews by CORIZON employees see Coleman v. American Brand COS 106 FRD 201, 207-09 (D.DC 1985)

39 I have unbearable pain cannot walk at times, sit long, stand straight, sleep, move without unbearable pain, have been punished for complaining about my condition;

INJUNCTION REQUEST

I am in unbearable pain, have problems getting up or down, I ask that I be ordered seen by a specialist neuro surgeon and treated.

VII. **RELIEF REQUESTED:** State exactly what you want the Court to order each defendant to do for you.

Damages of \$1,500,000, for defendant, Treatment.

I request a jury trial.

☒ Yes

☐ No

VIII. **CERTIFICATION**

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: "Anthony-Eric Emerson" Date: 02/08/16

Prison Id. No. 087906

Address (Include the city, state and zip code.): P.O. Box 24401
TUCSON - AZ 85734

Signature: _____ Date: _____

Prison Id. No. _____

Address (Include the city, state and zip code.): _____

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information requested above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT AND (1) THE REQUIRED FILING FEE OR (2) COMPLETED APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES AND COSTS TOGETHER.

Complaints received without the required filing fee or application to proceed without prepayment of fees will be returned. Filing fees and applications to proceed without prepayment of fees submitted without a complaint will be returned.

**Physical Therapy
Initial
Examination**

Patient Name: Emerson, Anthony
Date of Birth: 09/25/1970
Document Date: 08/18/2014

Assessment/Diagnosis: Left lumbar radiculopathy. MRI report shows mild retrolisthesis of L5-S1, L5-S1 left paracentral disc extrusion with displacement of the S1 nerve root, L1-2 3mm left paracentral disc extrusion with abutment of the L2 nerve root. Pt c/o of left lumbar pain, left posterior leg pain, intermittent numbness/tingling in the foot and calf weakness. Clinical signs and symptoms correlate well with MRI findings. Patient should be referred to a neurosurgeon as two nerve roots are at risk of permanent damage. Patient will benefit from physical therapy for traction, gait training and symptom management to promote best function. He also needs the quad cane replaced with a single point cane to be used in the right hand.

Patient Education: Self traction methods with chair or table.

Rehab Potential: Fair (Two disc extrusions that threaten the nerve roots.)

Contraindications to Therapy: None

Patient Problems:

- Improper gait with quad cane
- Antalgic gait without device
- Lumbar pain 5/10 today, 10/10 at worst
- Mm spasms of left lumbar spine and left leg
- Frequent episodes of numbness/tingling/pain in left leg
- Difficulty sleeping
- Difficulty dressing
- Difficulty walking

Short Term Goals:

- 1: (2 Weeks) 10% | Change to spc - ambulate safely with spc.
- 2: (4 Weeks) 10% | Minimize antalgic gait without AD
- 3: (4 Weeks) 10% | Decrease worst lumbar pain from 10 to 8/10
- 4: (2 Weeks) 10% | Update HEP

Long Term Goals:

- 1: (8 Weeks) 10% | Decrease average lumbar pain of 5 to 3/10
- 2: (8 Weeks) 10% | Decrease episodes of mm spasms in the left LE to 3 x week
- 3: (8 Weeks) 10% | Decrease episodes of numbness/tingling/pain in left LE to 3 x week
- 4: (8 Weeks) 10% | Sleeping 4-6 hours without symptoms
- 5: (8 Weeks) 10% | Dressing with minimal pain
- 6: (8 Weeks) 10% | Walking with spc and minimal pain for community distances.

Plan

Frequency: 3 times a week

Duration: 8 weeks

Plan: Begin Plan as Outlined

Treatment to be provided:

Procedures

Simons Physical Therapy
8703 E Golf Links Rd
Tucson, AZ 85730-1301
Phone: (520)514-1114
Fax: (520)514-2144
Simonsphysicaltherapy.com/

**Physical Therapy
Initial
Examination**

Patient Name: Emerson, Anthony
Date of Birth: 09 /25/19 70
Document Date: 08/18/2014

Therapeutic Exercises, Therapeutic Activity (Bed Mobility, ADL Specific), Gait Training (1 Point Cane, Even Surfaces, Uneven Surfaces, Stairs, Curbs), Neuromuscular Rehabilitation, Manual Therapy, Splinting/Taping, Patient Education

Modalities

To Improve (Pain Relief, Decrease Inflammation, Increase Blood Flow, Improve Tissue Healing), Electrical Stimulation, Ultrasound/Phonophoresis, Cryotherapy, Hot Packs, Mechanical Traction (Lumbar, Start with half body weight.)

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (520)514-1114. Please sign and return: Fax#: (520)514-2144

Angela Jennings 6177

Angela L Jennings
License #6177

Completed by Angela L Jennings on August 18, 2014 at 9:43 pm

I certify the need for these services furnished under this plan of treatment and while under my care.

☐ I have no revisions to the plan of care.

☐ Revise the plan of care as follows _____

Physician Signature _____

L. Burciagia, MD

Date: _____

Physical Therapy Initial Examination



Patient Name: Emerson, Anthony
Date of Birth: 09 /25/19 70

Date of Initial Examination: 08/18/2014

Injury/Onset/Change of Status Date: 04/18/2013 New Injury,
no previous back problems

Referring Physician(s): Burciagia, Lucy MD / Fisher, Penny X

Diagnosis: ICD9 : 722.10: Displacement of Lumbar
intervertebral disc without myelopathy, 781.2: Abnormality of
gait

Visit No.: 1

Treatment Diagnosis: ICD9 : 722.10: Displacement of Lumbar
intervertebral disc without myelopathy, 781.2: Abnormality of
gait

Subjective

Treatment Side: Left

History of Present Condition/Mechanism of Injury: Back pain, sciatic nerve. April 2013. OA both knees, R>L. MRI
retrolisthesis L5-1. Left disc disc extrusion L5-1. Displacement of S1 nerve. L1-2 3 mm left paracentral disc extrusion L2 nerve
root. Pt reports he can feel a lump that moves and pushes inside. Injured in an altercation with corrections officers over a year
ago.

Primary Concern/Chief Complaint: Pain with stepping on the ground. Using quad cane. Numb/tingling left leg - post thigh and
calf. Sometimes can't feel toes. Pain starts in the lumbar and radiates down to calf but not quite to the foot. MM spasms. Pain
and spasms can be severe enough to drop him to the ground, unable to recover.

Prior Level of Function:

Self Care:

Changing & Maintaining Body Position:

Mobility: Walking & Moving Around:

Carrying, Moving & Handling Objects:

Current Functional Limitations:

Self Care: Sleep: Disturbed Sleep - Sometimes when the disc material is displaced; IADLs: Washing dressing

Changing & Maintaining Body Position: Transfers: all transfers can be painful

Mobility: Walking & Moving Around: Use of an Assistive Device: quad cane; Walking: steps and stairs; Negotiate
Obstacles: sometimes slips on uneven terrain

Carrying, Moving & Handling Objects: Recreation: used to lift weights - Doing HEP from previous

Pain Location: Lumbar

Pain Scale: Worst: 10 Best: 3 Current: 5

Pain Description: Sharp

Pain Follow-up Plan: traction manual

Aggravating Factors: Sitting, Standing, Walking, Stairs - up, Stairs - down, Sit to stand

General Health: Good

Home Health Care: No

Medical History: Osteoarthritis (Both knees), Previous Therapy (For same injury)

Diagnostic Testing/Imaging: MRI

Mental Status/Cognitive Function Appears Impaired? No

Current Medications: Prescription (see list)

☐ bupropion does not seem to help.

Patient Goals: Decrease pain, improve gait and function.

Objective

Inspection

Inspection	Ant rotation right illeum, left posterior rotation. rounded shoulders forward head
Iliac Crests	Left Elevated
PSIS	Left Elevated
ASIS	Left Elevated

Physical Therapy Initial Examination

Observation

Posture Forward Head, Rounded Shoulders

Gait Antalgic
quad cane in left hand

Assistive Device
Type Quad Cane
Hand Used Left

Range of Motion

There were No AROM limitations noted for Hip, Knee, Ankle, Feet.

Strength

No Lower Extremity strength deficits were noted.

Comments Left gastroc visibly smaller than right. pt reports the same in hamstrings.

Neuro-Vascular

Myotomes Lower

	Right	Left
L1, 2 Iliopsoas	Normal	Normal
L3 Quadriceps	Normal	Normal
L4 Anterior Tibialis	Normal	Normal
L5 EHL	Normal	Normal
S1 Gastroc	Normal	Fair
S2 Hamstrings	Normal	Fair
□	Mild decrease in left LE strength in gastrocs and hamstrings.	

Dermatomes Lower

	Right	Left
L1, 2 Mid Anterior Thigh	Normal	Normal
L3 Distal Inner Thigh	Normal	Normal
L4 Anterior Tibialis	Normal	Normal
L5 EHL	Normal	Normal
S1 Lateral Foot	Normal	Normal
S2 Mid Gastroc/Hamstring	Normal	Normal
□	Toes and bottom of foot go numb when disc presses on nerve. Pt reports normal sensation at this time.	

	Right	Left
Lasegue's SLR	Negative	Positive
Lasegue's SLR comments:	Left 45 degrees	

Palpation

Comments TTP asis, psis, iliac crests.

Assessment

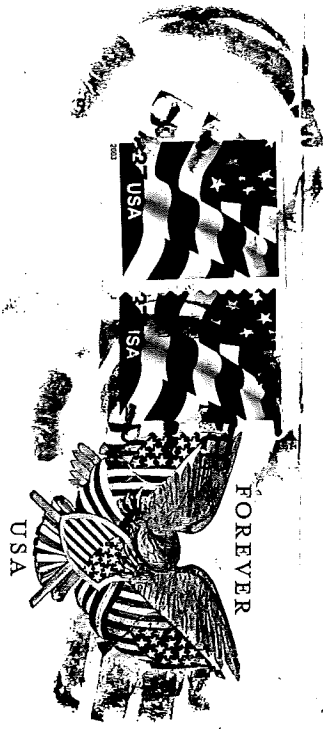
INMATE MAIL: ARIZONA DEPARTMENT OF CORRECTIONS
Inmate Anthony Eric Emerson
ADC# 0879008
Arizona State Prison Complex TUCSON
Unit MANZANITA
P.O. Box 24901
City TUCSON AZ 85734

LEGAL MAIL
Arizona Department of Corrections
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